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REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE
State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

PEGGY BEAVER
CLERK
HAMILTON COUNTY COURT

(CFA-4)
Summary Sheet

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT
4

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name Friends of Terry Tolle		
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number (317) 442-1515
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 14889 Harvest Knoll Ct.		
5. City, State, ZIP Code Fishers, IN 46037		6. Party Affiliation (if applicable)
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (include any nickname) Terry Joe Tolle		8. Party Affiliation or If Independent Candidate N/A
9. Office Sought (include district number, if any. Not required for exploratory committees.) Hamilton South Eastern School Board		10. County of Residence Hamilton
TYPE OF REPORT		
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 16, 18, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		
12. Reporting Period: From: 8/3/14 Through: 10/10/14		
13. Cash on hand and investments at the beginning of this reporting period.		
14. Cash on hand and investments January 1, current year.		
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)		\$ 7,000
15b. Unitemized		0
15c. Add lines 15a and 15b in both columns		\$ 7,000
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B		\$ 7,000
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0
17b. Unitemized		0
17c. Add lines 17a and 17b in both columns		0
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)		\$ 7,000
19. Debts OWED BY the committee (use Schedule D)		\$ 15,494.26
20. Debts OWED TO the committee (use Schedule E)		0

DECLARATION	
OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.	
Title Secretary	Date 10/15/14
I am not a sales or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly person who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)	

FOR OFFICE USE ONLY

PEGGY BEAVER
CLERK
HAMILTON COUNTY COURT

FILED



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**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSEER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Terry Tolle 14889 Harvest Knoll Ct. Fishers, IN 46037 LENDER'S OCCUPATION: <u>Chiropractor</u>	USPS Fortville, IN 46040	\$760.03 Postage	10/8/14	\$760.03	760.03
Terry Tolle LENDER'S OCCUPATION: <u>Chiropractor</u>	USPS Fortville, IN 46040	\$672.88 Postage	10/9/14	\$1432.91	\$1432.91
Terry Tolle LENDER'S OCCUPATION: <u>Chiropractor</u>	USPS Fortville, IN 46040	\$784.18 Postage	10/9/14	\$2217.09	\$2217.09
Terry Tolle LENDER'S OCCUPATION: <u>Chiropractor</u>	USPS Fortville, IN 46040	\$87.15 Postage	10/10/14	\$2304.24	\$2304.24
Terry Tolle LENDER'S OCCUPATION: <u>Chiropractor</u>	P: P Printing 6330 E 75th St, #138 Indianapolis, IN 46250	\$189.13 Postcard Print	10/8/14	\$4123.37	\$4123.37
Terry Tolle LENDER'S OCCUPATION: <u>Chiropractor</u>	Root Worldwide P.O. Box 6440 Fishers, IN 46038	\$500 Website design	10/10/14	\$4623.37	\$4623.37
Terry Tolle LENDER'S OCCUPATION: <u>Chiropractor</u>	Fed ex 7800 E 96th St. Fishers, IN 46037	\$36.92 Flyer printing	10/6/14	\$4660.29	\$4660.29
SUBTOTAL THIS PAGE OF SCHEDULE D					\$4660.29
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSE'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
Terry Tolle 14889 Harvest Kneller Fishers, IN 46037 LENDER'S OCCUPATION: <u>chiropractor</u>	Team Image 121 S. Penn Greenfield, IN 46140	\$618.46 T-shirts	10/3/14	\$5,278.75	\$5,278.75
Terry Tolle LENDER'S OCCUPATION: <u>chiropractor</u>	All Packs Specialties 14074 Trade Center Dr. Fishers, IN 46038	\$753.67 printing stickers and clips	10/10/14	\$6,032.42	\$6,032.42
Terry Tolle LENDER'S OCCUPATION: <u>chiropractor</u>	Active Sign 4798 Harvest St. Gary, IN 46408	\$2,273.75 yard sign printing	10/8/14	\$8,306.17	\$8,306.17
Terry Tolle LENDER'S OCCUPATION: <u>chiropractor</u>	Jack's Donuts 13578 E 131st St. Suite 112 Fishers, IN 46037	\$36.72 Donuts for Open House	10/9/14	\$8,342.89	\$8,342.89
Terry Tolle LENDER'S OCCUPATION: <u>chiropractor</u>	Kroyer 11760 Ol: Ad Fishers, IN 46037	\$94.91 Food & Supplies for Open House	10/10/14	\$8,437.80	\$8,437.80
Terry Tolle LENDER'S OCCUPATION: <u>chiropractor</u>	Starbucks 13844 Oliver Way Fishers, IN 46037	\$56.46 Coffee for Open House	10/11/14	\$8,494.26	\$8,494.26
Terry Tolle LENDER'S OCCUPATION: <u>chiropractor</u>	N/A	\$7,000 Loan	10/7/14	\$15,494.26	\$15,494.26
SUBTOTAL THIS PAGE OF SCHEDULE D					\$19,833.97
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 18 of the Summary Sheet)					\$15,494.26



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(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposits, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Dr. Terry Tolle 14889 Harvest Knoll Ct. Fishers, IN 46037 Contributor's Occupation (if required) <u>chiropractor</u>	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$7,000.00	\$7,000.00	10-3-14 Terry Tolle
2. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$7,000		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$7,000		